

Massachusetts Division of Health Care Finance and Policy

Health Insurance Status of Massachusetts Residents

Second Edition

December 2000

Louis I. Freedman, Commissioner



Argeo Paul Cellucci, Governor
Commonwealth of Massachusetts

William D. O'Leary, Secretary
Executive Office of Health and Human Services

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Executive Summary

Section 25 of Chapter 203 of the Acts of 1996 required the Massachusetts Division of Health Care Finance and Policy to file two reports on the findings of a comprehensive survey of the uninsured and the underinsured in the Commonwealth. The first report, *Health Insurance Status of Massachusetts Residents*, was completed in October of 1998. This second report contains the findings from the second survey on health insurance coverage which was completed in the summer of 2000.

Key Findings

- The number of uninsured people in Massachusetts has declined from an estimated 8.2% of the population in 1998 to 5.9% in 2000.
- The number of uninsured has declined for both adults and children, with children under age 19 showing the largest percent decline between 1998 and 2000 of more than 52%.
- Young adults ages 19 through 39 have the largest proportion of uninsured at 11.3%, compared to children with the smallest proportion of uninsured at around 3%.
- The number of uninsured people residing in lower income households has declined more than any other income group. Uninsurance rates for those living in households with income between 134 through 150% of the federal poverty level (FPL) declined more than 55% between 1998 and 2000.
- Households with income between 151 through 200% of the FPL did not experience any significant improvement in uninsurance rates. Within the five income groups these households now show the highest uninsured rate at 14.3%.
- Uninsurance rates have declined across all racial/ethnic groups between 1998 and 2000. The Hispanic population has experienced the least improvement in uninsured rates with a 10.5% decline in uninsured rates compared to around 30% improvements for both the white and black populations.
- Although nearly 32% of the uninsured reside in the greater Boston area, of all Boston area residents, less than 6% are uninsured. In comparison, about 24% of the uninsured reside in the Southeast region of the state, and of all Southeast region residents, about 8.2% are uninsured.
- Nearly three times as many of uninsured adults are self-employed compared to insured adults.
- More than three quarters of the uninsured work for small firms of 50 employees or less.
- Nearly three quarters of uninsured working adults report they are ineligible for health insurance coverage through work.

-
- For those working uninsured adults who are eligible for health insurance coverage through work, nearly 70% report cost as the reason for being uninsured.
 - Nearly 86% of the uninsured report being aware of the MassHealth program.

- Uninsured adults report higher utilization of emergency room services compared to insured adults.
- Uninsured adults and children report fewer physician office visits compared to insured adults.

Foreword

Satisfying the Need for Health Care Information

The effectiveness of the health care system depends in part upon the availability of applicable information. In order for this system to function properly, purchasers must have accurate and useful information about quality, pricing, supply and available alternatives. Providers need information on the productivity and efficiency of their business operations to develop strategies to improve the effectiveness of the services they deliver. State policy makers need to be advised of the present health care environment, as they consider where policy investigation or action may be appropriate.

As part of its health care information program, the Division of Health Care Finance and Policy publishes reports to meet this need for information. These reports

The Division of Health Care Finance and Policy collects, analyzes and disseminates information with the goal of improving the quality, efficiency and effectiveness of the health care delivery system in Massachusetts. In addition, the Division administers the Uncompensated Care Pool, a fund that reimburses Massachusetts acute care hospitals and community health centers for services provided to uninsured and underinsured individuals.

Mission

The Division's mission is to contribute to the development of policies that improve the delivery and financing of health care in Massachusetts by:

- collecting and analyzing data from throughout the health care delivery system;
- disseminating accurate information and analysis on a timely basis;
- facilitating the use of information among health care purchasers, providers, consumers and policy makers; and
- ensuring access to health care for low-income uninsured and underinsured Massachusetts residents through thoughtful administration of the Uncompensated Care Pool.

focus on various health care policy and market issues.

Organizational Structure

The Division of Health Care Finance and Policy is an administrative agency within the Executive Office of Health and Human Services. The Commissioner is appointed by the Governor.

The organizational structure is comprised of several distinct groups:

- Health Systems Measurement and Improvement Group
- Health Data Policy Group
- Pricing Policy and Financial Analysis Group
- Audit Compliance and Evaluation Group

Each group is responsible for a different aspect of the agency mission.

Health Systems Measurement and Improvement Group

The Health Systems Measurement and Improvement Group (HSMIG) works to improve the delivery of health care in Massachusetts by evaluating the changing health care system and providing useful analyses and information to policy makers, health care providers, and purchasers. The group also conducts health services research and policy analysis for a variety of different audiences to improve the delivery and value of care. In recent years, the Group has analyzed and reported on several areas of interest, including preventable hospitalizations, hospital readmissions, health care reform in Massachusetts, trends in HMO premiums and insurance status. The group manages demonstration projects funded through the Uncompensated Care Pool whose goal is to

improve health services to uninsured and underinsured persons while reducing the demand on the Pool to finance free care. Finally, the group is charged with providing information to consumers on managed care organizations in Massachusetts.

Health Data Policy Group

The Health Data Policy Group (HDPG) is charged with the development and appropriate use of Division databases and is responsible for evaluating health care data management issues across organizations and providing information and reports to providers, plans, researchers and the government.

HDPG is responsible for the collection and release of hospital discharge data and observation stay data. The group is also responsible for managing the release of accurate hospital and nursing home cost and financial data. HDPG, in partnership with other organizations, uses these data for projects that involve benchmarking. HDPG develops products that meet anticipated information needs including industry trends, data products and custom reports. As well, HDPG is responsible for developing and implementing confidentiality and privacy protocols for the use of data. The group conducts research and evaluates new health data policy issues such as national standards for electronic data interchange and privacy legislation.

Pricing Policy and Financial Analysis Group

The Pricing Policy and Financial Analysis Group develops health care policies, methods and payment rates that support the procurement of high quality services for public beneficiaries and that promote program goals and efficiency in the health care delivery system. This group also administers the Uncompensated Care Pool in a manner that ensures access to health care for low-income uninsured and underinsured indi-

viduals, that promotes operational efficiency and simplicity of administration, and that is coordinated with the Commonwealth's network of health care initiatives for this population. In addition, the group provides information, analysis and recommendations to policy makers to support their health care financing decisions, and performs specialized analyses of innovative health care financing and purchasing methods.

***Audit Compliance
and Evaluation Group***

The Audit Compliance and Evaluation (ACE) Group examines financial data reported to the Division of Health Care Finance and Policy. The ACE Group performs audit, review, screening and quality control functions that provide the building blocks for the Division's work in developing pricing policies and measurement tools to improve the health care system in Massachusetts.

The Division of Health Care Finance and Policy's support units include Administration, the Information Technology Group, the Office of the General Counsel and the Office of Communications.

Administration

The Office of the Executive Secretary oversees the agency's budget, regulatory process and personnel.

Information Technology Group

The Information Technology Group is responsible for managing the Division's computer network and databases.

Office of the General Counsel

The Office of the General Counsel litigates administrative appeals filed by providers, analyzes proposed legislation relative to the health care delivery system and provides legal advice to the Commissioner and staff concerning the development and application of regulations, policy positions and pricing information.

Office of Communications

The Office of Communications performs a wide array of services for the Division. These responsibilities include:

- handling inquiries from the media and other outside parties;
- editing, designing and producing the Division's print publications;
- developing and maintaining the agency's Internet web site;
- editing, designing and producing presentation materials;
- representing the agency at health care conferences; and
- serving as the point of contact for many general inquiries.

This organizational structure reflects the focus of the agency mission and supports the Division's efforts to provide useful information to purchasers, providers, and policy makers.

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Introduction

In October 1998, the Division of Health Care Finance and Policy released its first report Health Insurance Status of Massachusetts Residents. This report presented the findings of a state mandated health insurance coverage survey that was completed in 1998. The legislative mandate required that two surveys be completed within a two-year time span. This report presents the findings of the second in a series of the state sponsored health insurance coverage surveys. The purpose of these surveys is to provide valid and timely information on health insurance coverage of Massachusetts residents, to help monitor changes in light of significant health care coverage policy mandates enacted in legislation in 1996 and 1997, and to provide data to help guide future policy initiatives.

All survey data results are estimates, and these estimates are subject to error. The types of errors encountered are generally considered in two categories: sampling error and non-sampling error. Sampling error is more readily identified and measurable using statistical measures. Non-sampling error may occur at any point in the survey process, and many of these errors are not readily identifiable. The Massachusetts survey included examining potential sources of non-sampling error, and attempted to prevent these errors from

entering the survey process. It is both methodological differences and sampling error that most likely account for differences in estimates of the uninsured population from different survey sources.

The statewide estimate of the uninsured for all ages at the time the survey was conducted is 5.9%, or 365,000 residents, with a statistical margin of error of plus or minus 0.7%. The rate for all ages for any resident that was uninsured at least some time in the last twelve months is about 8.0%.

Future Initiatives

For the past few years, the Division of Health Care Finance and Policy has been able to provide survey data in a timely manner to policy makers, legislators, program administrators, researchers, and other interested parties regarding the uninsured in Massachusetts. Survey data is more useful when available on a trend basis. The Division hopes to be able to continue to provide this data in the future.

As federal policy has been evolving to states to initiate innovative solutions to state-specific problems, particularly around health care coverage, more and more states are undertaking their own state-specific surveys. It is apparent that national level survey estimates are not regarded as either timely or accurate reflections of state realities. The Division will work with other interested states towards using a standardized survey instrument to facilitate comparability of results across states.

In the next few months the Division will be releasing a series of short reports based on the 2000 survey results. Each report will focus on a specific subject matter,

such as health insurance coverage for children, health insurance coverage for specific urban areas, and utilization. Each of these

publications will be made available on the Division's web site: www.state.ma.us/dhcfp.

Methodology

The Survey of Health Insurance Status of Massachusetts Residents is the only state specific survey designed expressly to provide reliable estimates of the number of uninsured residents in Massachusetts. There are a few other national surveys that, although not explicitly focused on providing estimates of health care coverage rates, include estimates of Massachusetts' uninsurance rates. The Massachusetts survey estimates provide statistically reliable estimates of uninsured rates on a statewide basis, as well as for five specific regions in the state. The survey design also allows for comparison of these rates between 1998 and 2000.

Like the 1998 Survey of the Health Insurance Status of Massachusetts Residents, the 2000 survey was developed through a collaborative effort between the Division of Health Care Finance and Policy and the Center for Survey Research (CSR) of the University of Massachusetts-Boston. The methodology used for the 2000 survey was similar to that used in 1998. The same survey questionnaire was used in both years. A few questions were refined, added or deleted based on feedback received after the 1998 survey was completed. There are two major differences in the survey between 1998 and 2000.

First, in 2000 only "random digit dial" (RDD) telephone interviews, where

the sample is drawn from telephone listings, were conducted. The 1998 survey also included an "area probability sample" (APS) or field survey. This field survey was based on a sample drawn from randomly selected addresses and included face-to-face interviews with households that were difficult or impossible to reach via telephone. An analysis of the results obtained from the two methodologies in 1998 (RDD and APS) showed no statistically significant differences in the overall percent estimates of the uninsured in Massachusetts or other factors. As the results were similar and it is quite expensive to conduct a survey using the APS methodology, a decision was made to conduct the 2000 survey exclusively using the RDD methodology.

The 2000 survey includes a survey of additional households in five urban areas in order to develop valid estimates of the percent of uninsured and identify characteristics of the uninsured in these urban areas. The five urban areas are: Boston, Springfield, Worcester, Lowell/Lawrence and New Bedford/Fall River. The results from these areas will be reported at a later date.

The statewide 2000 survey was conducted from February through July 2000. Information was collected on 2,632 households and 7,069 individuals. The average length of the survey interview was approximately 14 minutes. Over a two week period, a randomly selected phone number may have been contacted up to twenty times in order to reach potential survey participants. Interviews were conducted using computer-assisted telephone interviewing (CATI) technology. The survey was designed to oversample residents in five regions of the state, and to oversample residents in five specific urban areas as well. The urban

area oversample began this summer and is expected to be completed in December 2000. The survey questionnaire was available in both English and Spanish.

The survey was designed to provide information on both the uninsured and insured populations. The questionnaire is divided into four parts. The first part, the screener section, asks for basic information on all household members, including whether or not each household member has health insurance coverage. The insured section asks detailed questions of the insured, the uninsured section asks detailed questions of the uninsured and a special section

pertaining primarily to pharmacy coverage asks some specific questions of the population ages 65 or older. All households responded to the screener section and then the other sections as applicable. Any informed adult could answer the screener questions about all household members.

Survey question responses are weighted in order to produce accurate estimates. The weights adjust for design features of the sample. Some of these design features include: oversampling the regions and the urban areas, if the unit of interest is individual level or household level, and non-response.

Study Findings

In 2000, at the time of the survey, 5.9% of the Massachusetts population, or approximately 365,000 individuals, were uninsured. In comparison, 8.2% of the total population was uninsured in 1998. The percent of uninsured for Massachusetts residents who were uninsured at some point during the past year is 8.0%. This is a 36% decrease from the 12.5% uninsured at any point in time during 1998. For individuals under the age of 65, the uninsurance rate dropped by one-third, and by almost one-half for children under the age of 19.¹ While the overall rate of uninsurance decreased across many demographic characteristics, such as race and region, the likelihood of being uninsured among specific groups remains relatively unchanged from 1998. Individuals with low income, people of color, unemployed persons, and never married individuals remain at a higher risk of being uninsured. A greater proportion of adults than children and more males than females are also uninsured.

Almost 80% of working age insured adults receive health care coverage through work. Consistent with the steady low unemployment rate, the majority of both uninsured adults and insured adults are employed. Yet, only 25% of all working uninsured are eligible for health care coverage through their employer. There are several key findings that could partially explain this low eligibility rate. The percent of working uninsured that report being self-employed has more than doubled. The working uninsured are more likely to work for small firms and are more likely to work part-time than their insured counterparts.

Uninsured adults have a greater awareness of publicly provided health care programs now than in 1998. About 86% of uninsured adults are aware of MassHealth and almost 43% of uninsured respondents are aware of Free Care (i.e., the Uncompensated Care Pool). There was a 32% decline in those knowledgeable of the Healthy Start program.

While the majority of uninsured adults are willing to pay for low cost health coverage, an increased number of uninsured adults are willing to pay \$100 or more per month for coverage than in 1998.

There remain distinct differences in the utilization of health care among uninsured and insured adults. Uninsured adults are less likely to visit a physician than are insured adults (50% versus 15%, respec-

Definition of Non-elderly Population

For purposes of this report, percentages are based on the non-elderly population, ages 0 to 64, unless otherwise specified.

tively). Conversely, while the majority of both uninsured and insured adults did not visit emergency rooms in the last year, uninsured adults are more likely to visit emergency rooms than are insured adults (32% versus 25%, respectively).

Like uninsured adults, uninsured children (34%) are less likely to visit a doctor than are insured children (12%). While most uninsured children (71%) did not visit emergency rooms in the last year, the percent of uninsured children (29%) that made one or more visits to the ER in the last year was similar to that of insured children (27%).

Source of Insurance

Employers² insure over 80% of all Massachusetts residents under the age of 65. Another 12% of all residents receive

health care coverage through Medicaid and about 6% are insured through Medicare, school, direct purchasing from an insurance company/agent, or some other method. (See Figure 1, below.)

Demographic Profiles

Age, Gender and Marital Status

Only 4% of all uninsured are ages 0 to 5, while nearly 60% are ages 19 to 39. Children, ages 6 to 18, showed the largest decline in the percent of uninsured, dropping from 7% to 3% between 1998 and 2000. The 19 to 39 year old population experienced the second largest decrease from nearly 14% to 11%. (See Figure 2 and 3, page 7 and page 8.)

Similar to 1998, 60% of all uninsured are males. The percent of all uninsured males has declined from 10% to 8% between

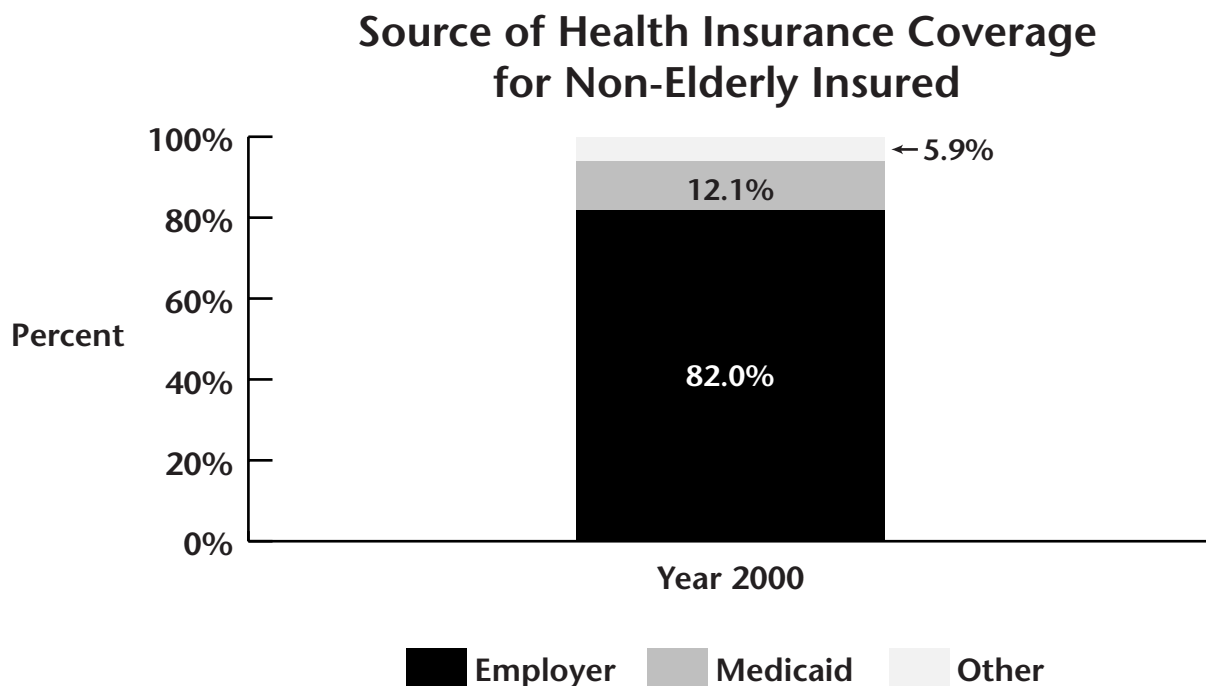


Figure 1 Source: Division of Health Care Finance and Policy Year 2000 Health Insurance Survey Results

1998 and 2000. The percent of all uninsured females declined at the same rate, from 7% to 5% during the same time. (See Figure 4, page 8.)

About 55% of all uninsured adults have never been married. The proportion of uninsured is highest for the never married population (16%) and lowest for all married individuals (3%). (See Figure 5, page 9.)

Race

Comparing 1998 and 2000, the proportion of uninsured declined across all race and ethnic categories. Yet, Hispanic and Black populations are disproportionately uninsured (19% and 11%, respectively). (See Figure 6, page 10.) The percent uninsured declined by 75% among all Asians, from an already low 9% in 1998 to only 2% in 2000. This difference is likely due to the small number of Asians captured in both surveys.

Income

Most uninsured, about 57%, reside in households with incomes greater than 200% of the federal poverty level and the smallest percent of uninsured, about 20%, fall within the lowest income brackets. (See Table A, page 10.) The uninsurance rate only increased, from 32% to 39%, for individuals residing in households with incomes between 200% and 400% of the federal poverty level.

Individuals residing in low-income households³ experienced the greatest decline in the percent of uninsured, illustrating the successful enrollment in MassHealth. For individuals living in near-poor households⁴ the rate of uninsurance declined by 50%, from 27% to 12%; and the rate of uninsured dropped by one-third, from 23% to 13% for individuals residing in poor households.⁵ (See Figure 7, page 11.)

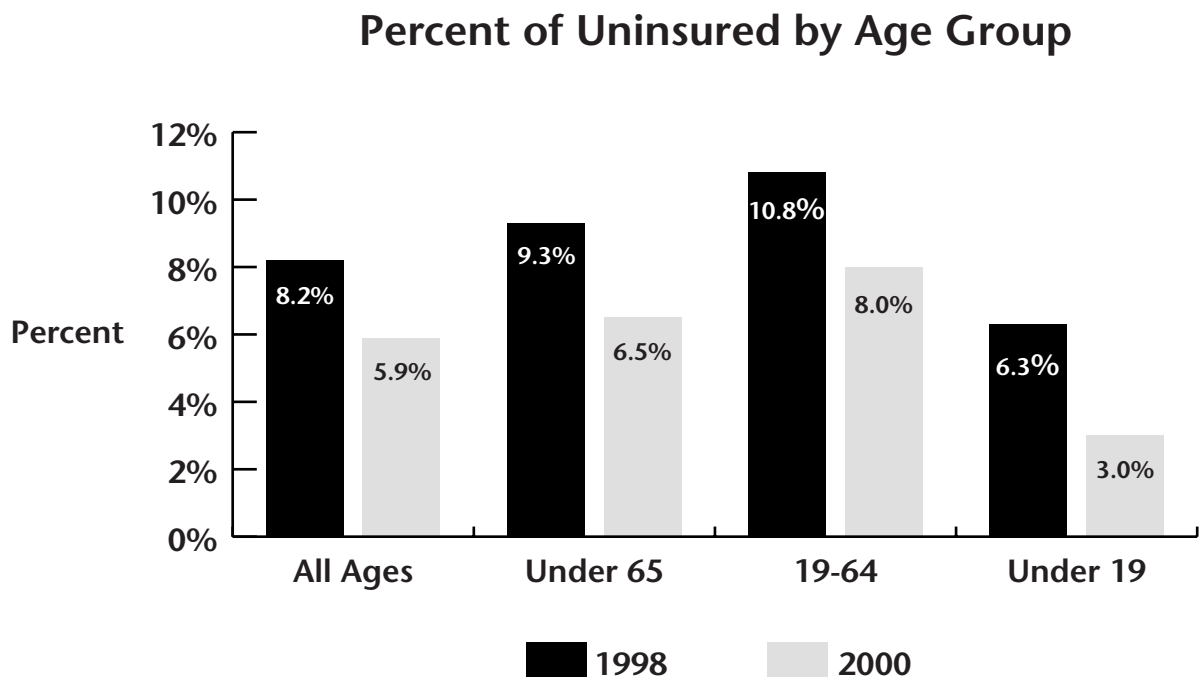


Figure 2

Source: Division of Health Care Finance and Policy Year 1998 (Area Probability Sample) and Year 2000 Health Insurance Survey Results

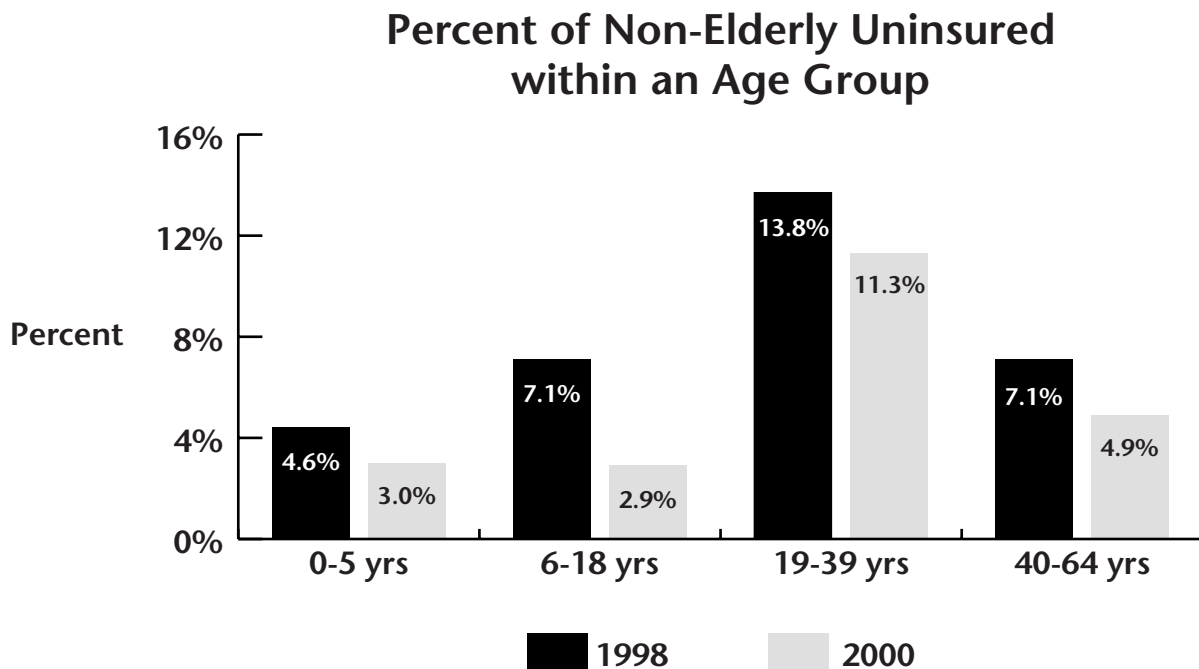


Figure 3 Source: Division of Health Care Finance and Policy Year 1998 (Area Probability Sample) and Year 2000 Health Insurance Survey Results

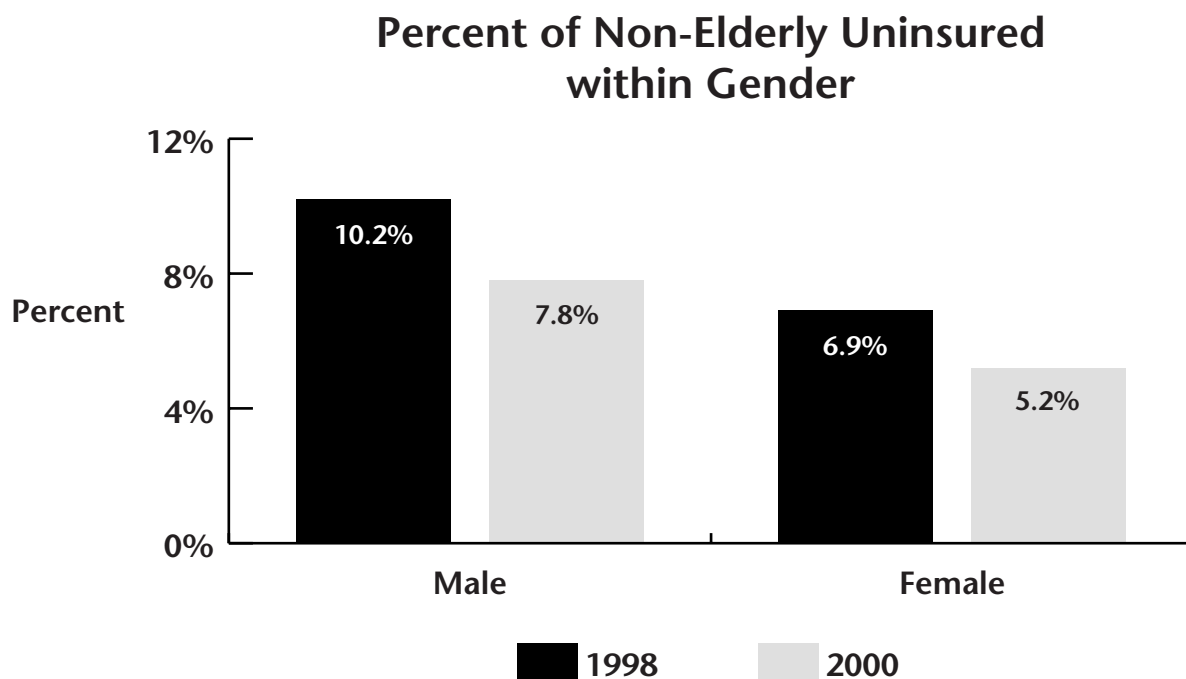


Figure 4 Source: Division of Health Care Finance and Policy Year 1998 (Area Probability Sample) and Year 2000 Health Insurance Survey Results

Income and Race

Uninsured Black, Asian and Hispanic populations are disproportionately found residing in low-income households. (See Table B, page 11.) Of all uninsured individuals living in high-income households⁶, the percent of Hispanics has increased from 3% to 17%, while the percent of Blacks has decreased by over 75%, from about 9% to 2%, between 1998 and 2000.

Region

Most uninsured reside in the Metro Boston (32%) and the Southeast (20%) regions of the state. Another 20% reside in the Northeast sector of the state. The lowest percent of uninsured are found in the Worcester and the West regions (12% each). Overall rates of uninsurance have declined in each region except the Northeast section, where the rate remained constant at 7%.

The West region showed the largest decline in the percent of uninsured from 9.5% to 5.8% between 1998 and 2000. (See Figure 8, page 12.)

Working Uninsured

Over 70% of the uninsured, ages 19 to 64, are employed. (See Figure 9, page 13.) While the majority of working insured and uninsured work for an employer, the working uninsured are more likely to be self-employed than the insured (30% compared to 11%). (See Figure 10, page 13.)

In fact, the percent of working uninsured that report being self-employed has doubled between 1998 and 2000, from 15% to 30%. Compared to the working insured, the working uninsured are more likely to work for the same employer for less than one year (see Figure 11, page 14) and more likely to work part-time (see Figure 12, page 14).

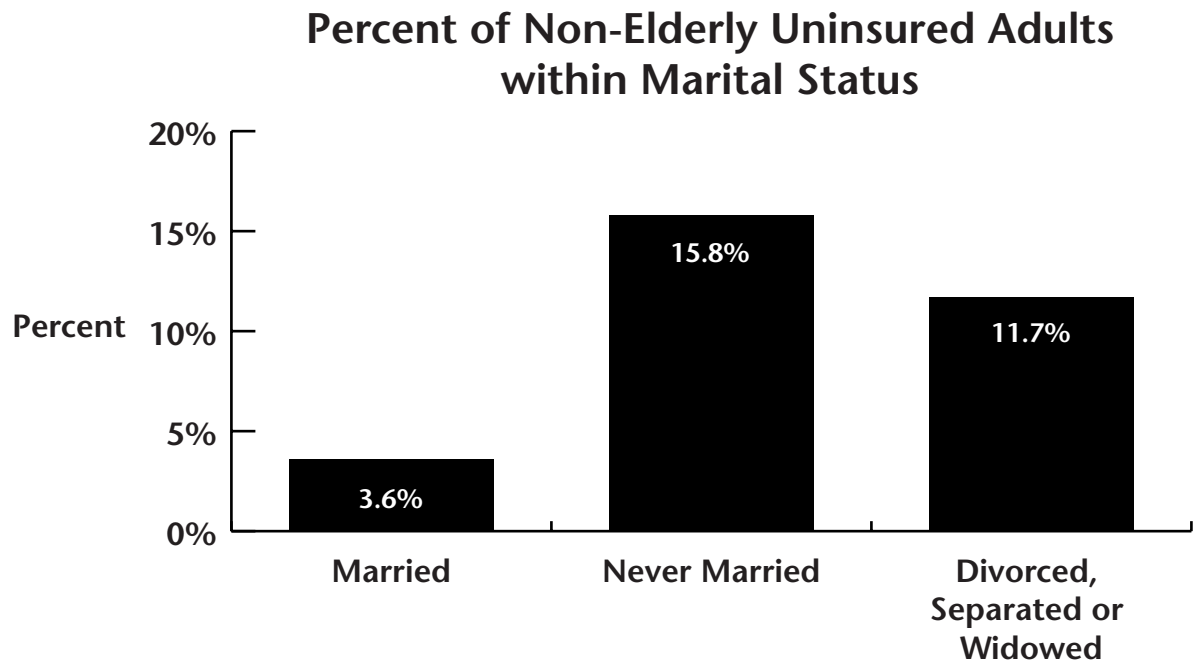


Figure 5

Source: Division of Health Care Finance Year 2000 Health Insurance Survey Results

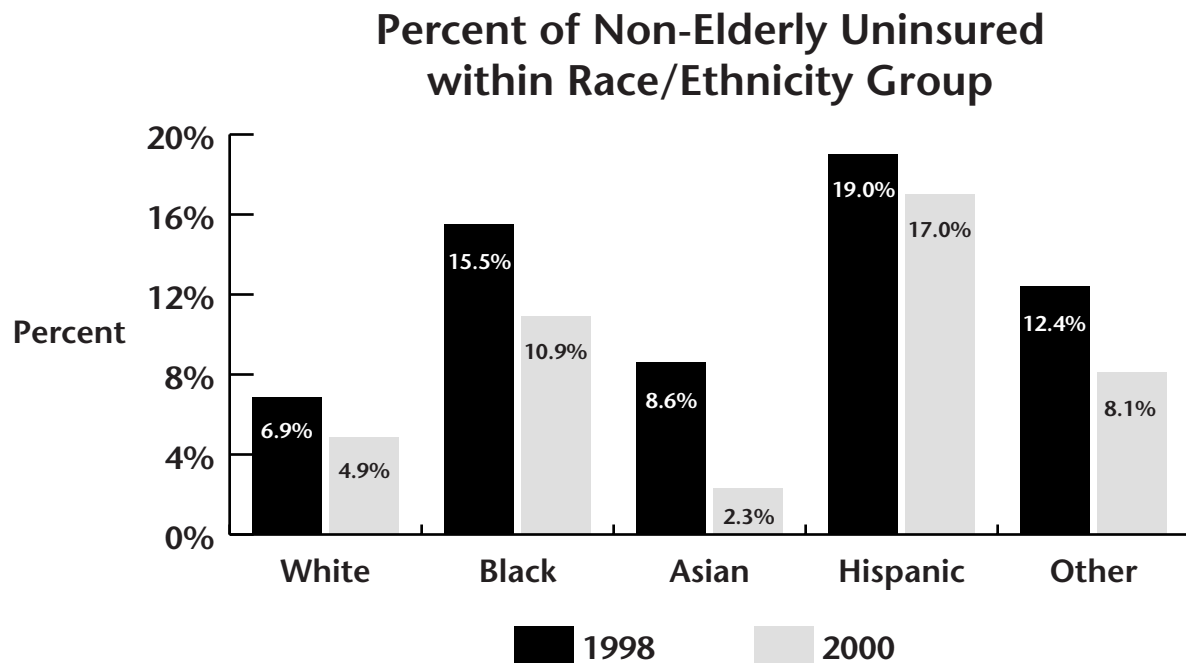
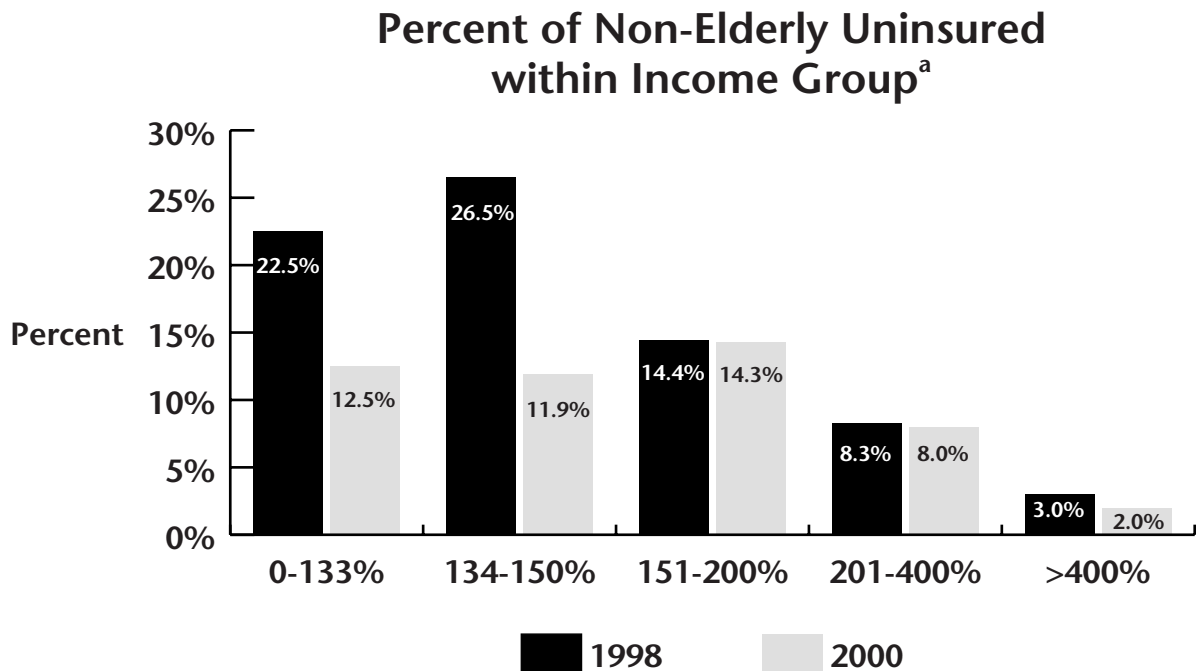


Figure 6 Source: Division of Health Care Finance and Policy Year 1998 (Random Digit Dialing Sample) and Year 2000 Health Insurance Survey Results

Percent of Uninsured by Income Ages 0-64, Year 2000

Income Group ^a	Uninsured	Within Income Group
0-133%	14.4%	12.5%
134-150%	5.8%	11.9%
151-200%	23.0%	14.3%
201-400%	39.1%	8.0%
> 400%	17.8%	2.0%

Table A ^aIncome group refers to households with an income amount above or below a specific percent of the federal poverty level (e.g., 14.4% of all uninsured reside in households with incomes at or below 133% of the federal poverty level).



^aIncome group refers to households with an income amount above a specific percent of the federal poverty level.

Figure 7

Source: Division of Health Care Finance and Policy Year 1998 (Random Digit Dialing Sample) and Year 2000 Health Insurance Survey Results

**Percent of Uninsured by Race/Ethnicity
within Income Group, Ages 0-64, Year 2000^a**

Race/Ethnicity	Year 1998		Year 2000	
	Low-Income	High-Income	Low-Income	High-Income
White	64.7%	79.1%	61.1%	78.5%
Black	0.0%	8.6%	11.7%	2.3%
Asian	2.1%	0.5%	2.1%	0.5%
Hispanic	20.5%	3.2%	19.5%	17.1%
Other	12.7%	8.6%	5.6%	1.6%
Total	100.0%	100.0%	100.0%	100.0%

Table B

^aIncome groups are defined as low-income and high-income. Low-income refers to household income below 200% of the federal poverty level and high-income refers to household income above 200% of the federal poverty level.

Additionally, over 76% of the working uninsured work for small firms.⁷ (See Figure 13, page 15.)

Eligibility

About 25% of all working uninsured are eligible for health insurance through their employers, a slight decrease from 27% in 1998. (See Figure 14, page 15.) About 80% of the uninsured that are ineligible for health coverage through their employer work in small firms. (See Figure 15, page 16.) Of the eligible uninsured, about 70% report cost as the primary reason for being uninsured. (See Figure 16, page 16.)

Last Year of Coverage and Reasons for Loss of Insurance

Over 32% of all uninsured adults were covered by health insurance at one time between 1999 and 2000. (See Figure 17,

page 17.) Another 30% were never covered. Among the most frequent reasons for losing insurance coverage, 55% cited a change in job status. Another 7% cited the cost of insurance and 6% explained that leaving school was the reason for loss of insurance.

Knowledge of Health Plans

More uninsured adults are aware of particular health programs now than in 1998. (See Figure 18, page 18.) Nearly 86%, compared with 79% in 1998, have heard of MassHealth. Another 43% have heard of Free Care, compared with 30% in 1998, and about one-third less have heard of Healthy Start, declining from 37% to 25%.

Willing to Pay for Health Care

Almost 83% of all uninsured adults report that they are willing to pay for low cost health care coverage. Over 55%, com-

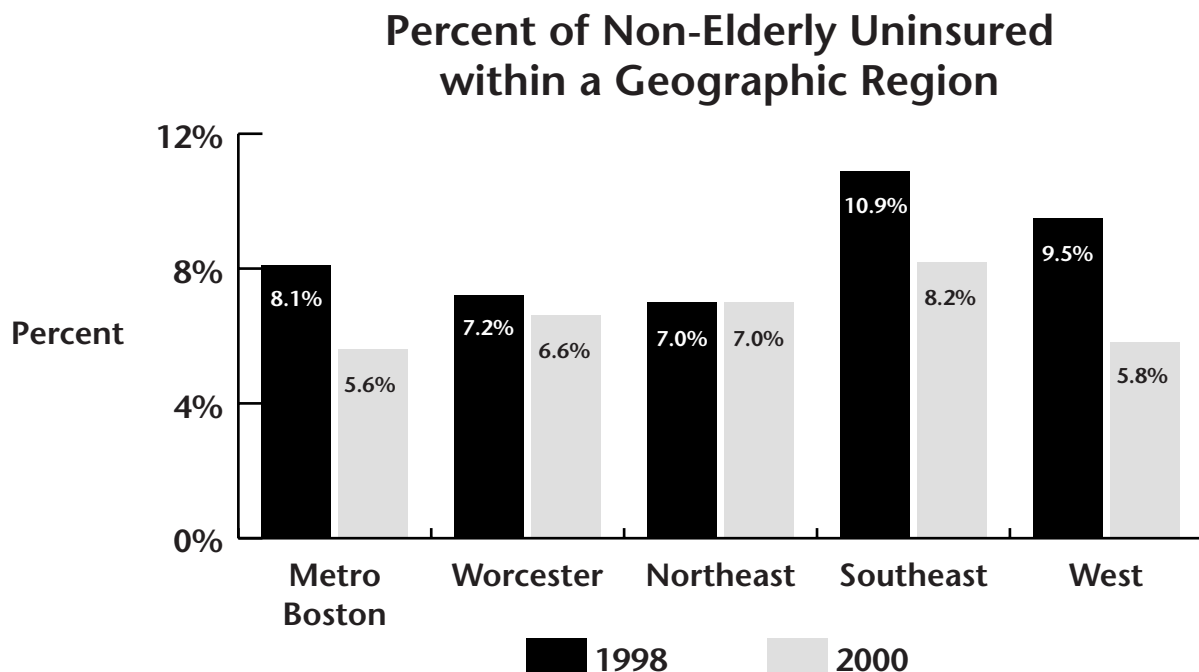
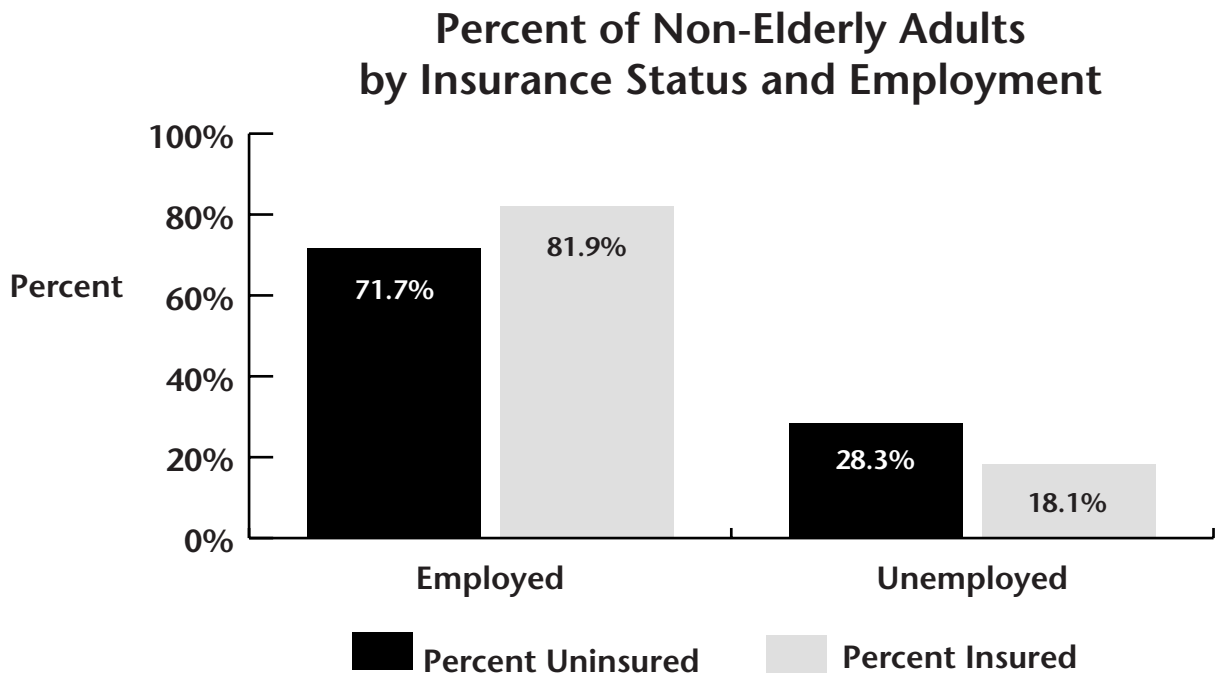
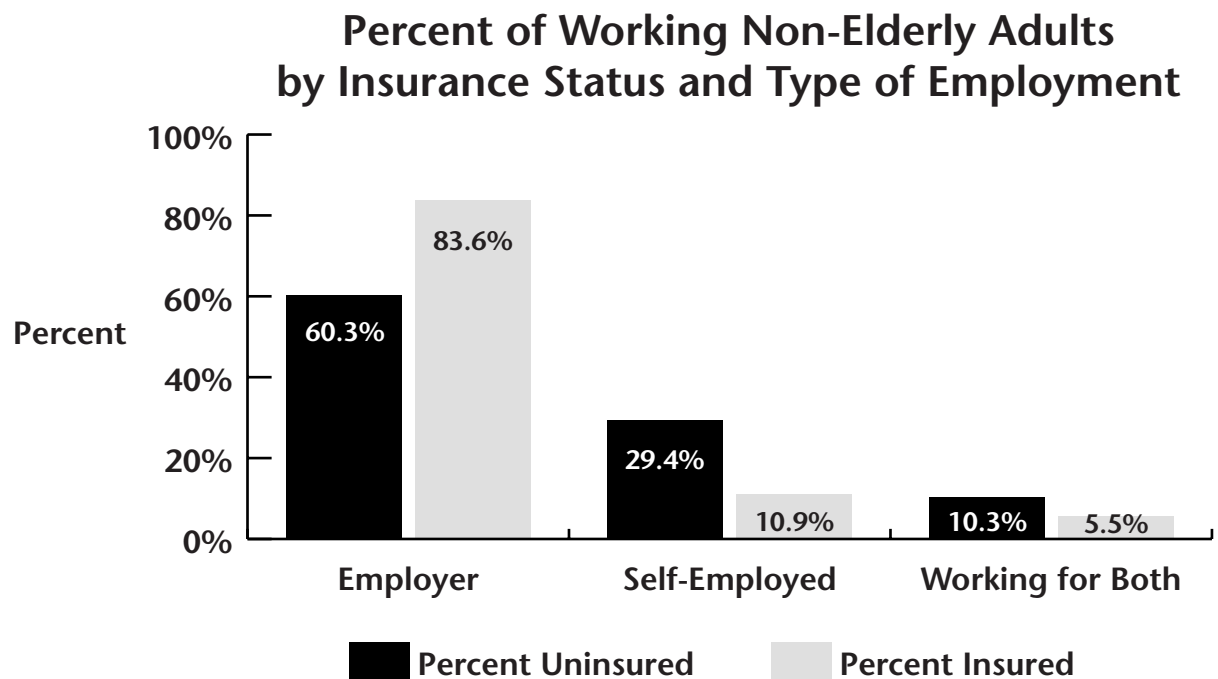


Figure 8

Source: Division of Health Care Finance Year 1998 (Random Digit Dailing) and Health Insurance Survey Results

**Figure 9**

Source: Division of Health Care Finance and Policy Year 2000 Health Insurance Survey Results

**Figure 10**

Source: Division of Health Care Finance and Policy Year 2000 Health Insurance Survey Results

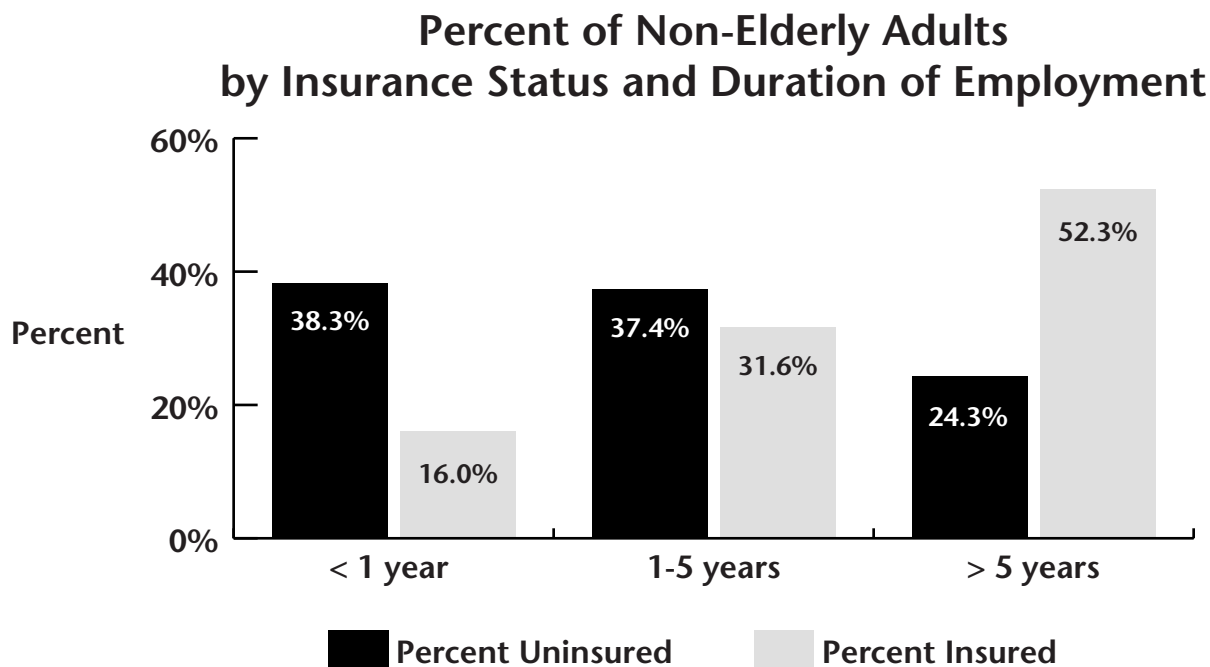


Figure 11 Source: Division of Health Care Finance and Policy Year 2000 Health Insurance Survey Results

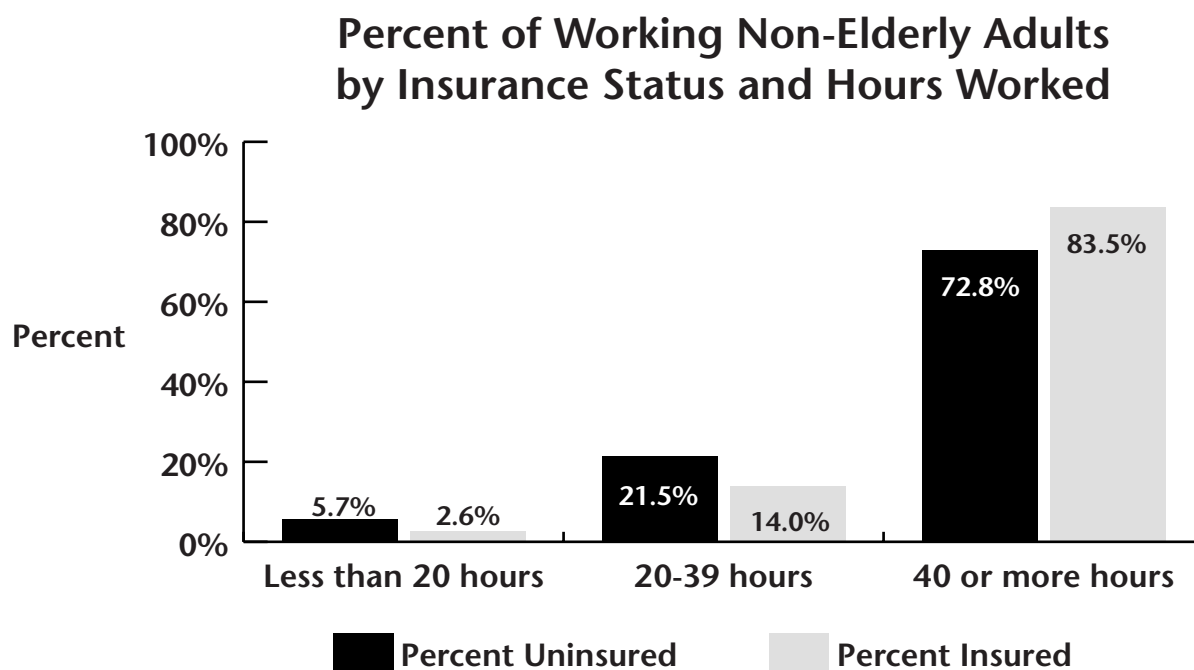


Figure 12 Source: Division of Health Care Finance and Policy Year 2000 Health Insurance Survey Results

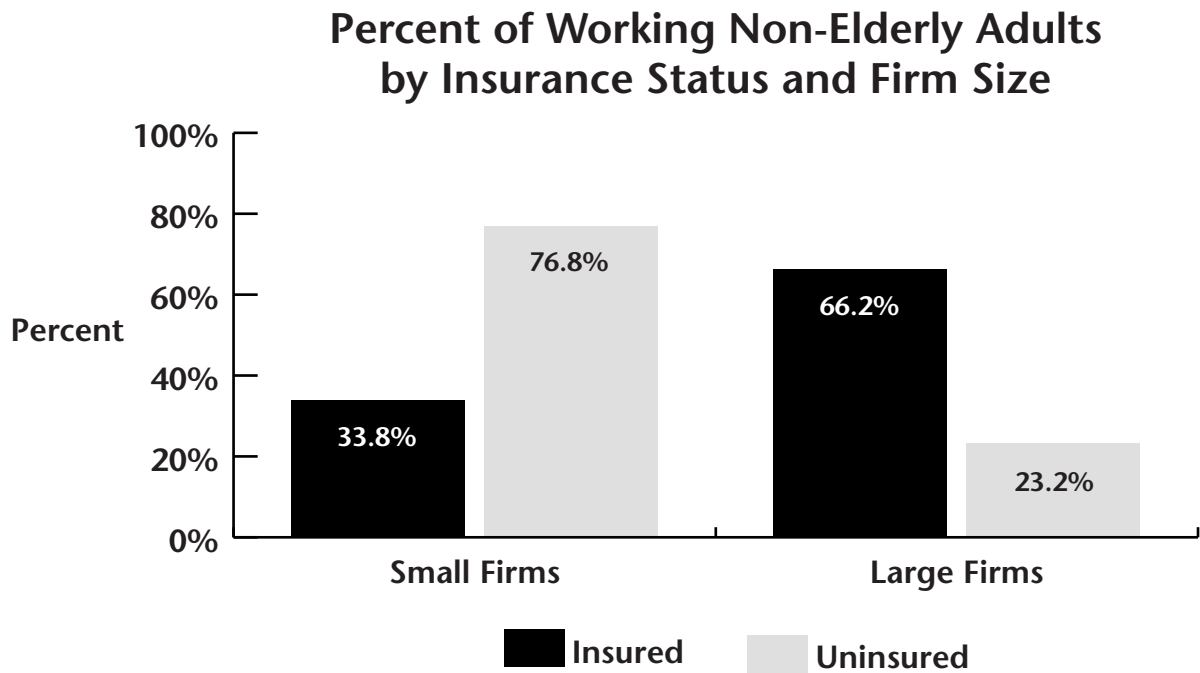
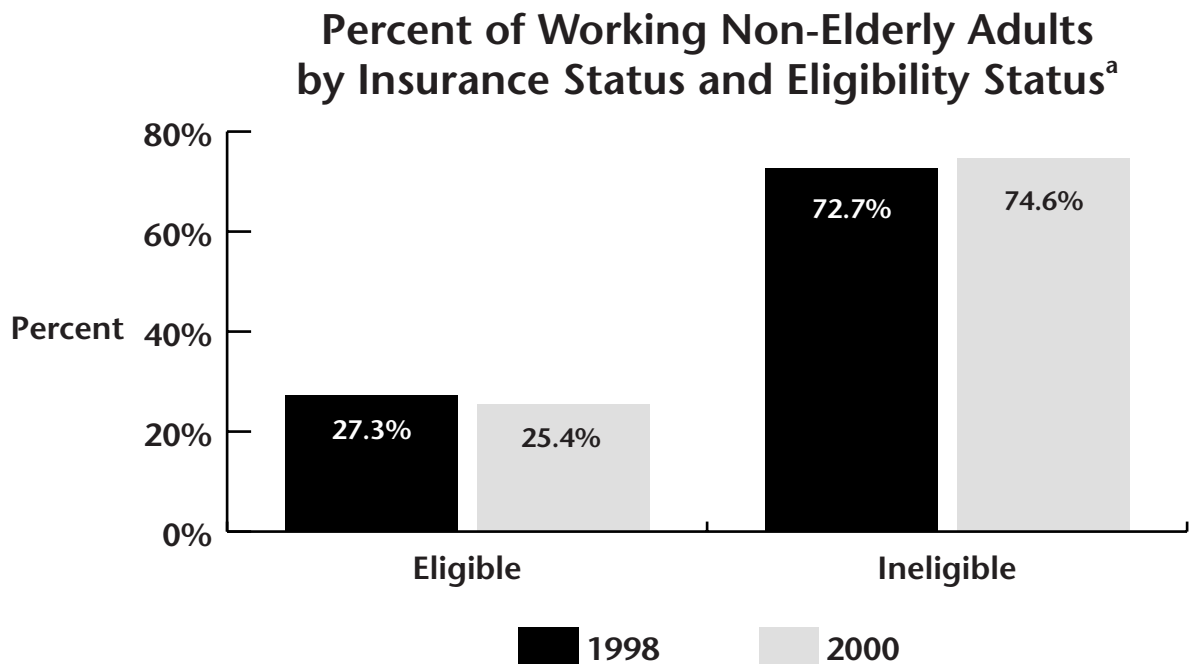


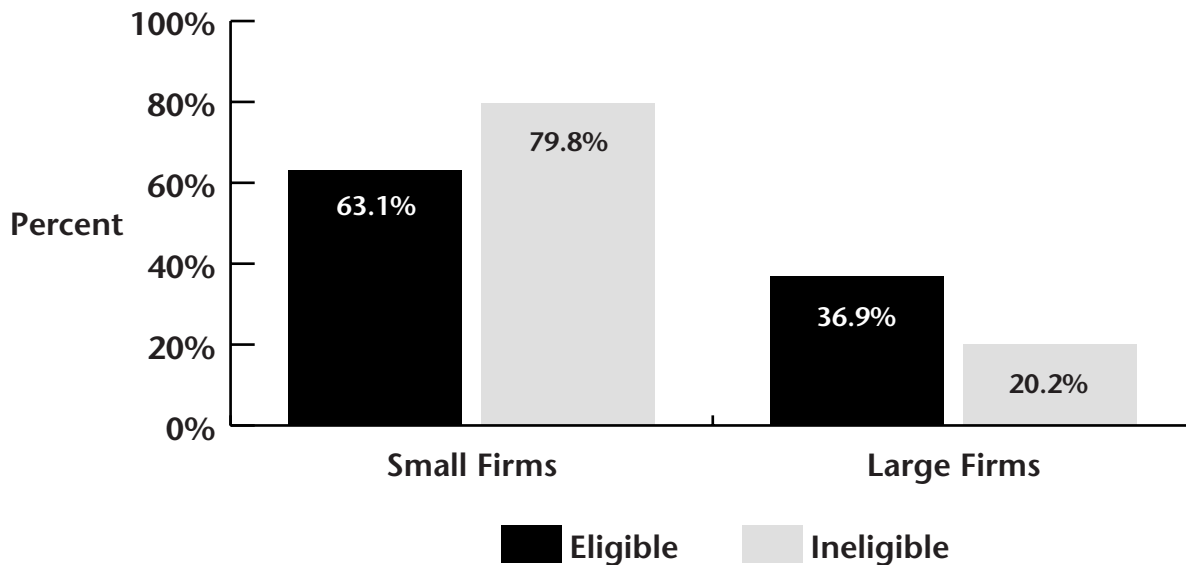
Figure 13 Source: Division of Health Care Finance and Policy Year 2000 Health Insurance Survey Results



^aEligibility Status refers to all individuals eligible for health insurance through place of employment.

Figure 14 Source: Division of Health Care Finance and Policy Year 2000 Health Insurance Survey Results

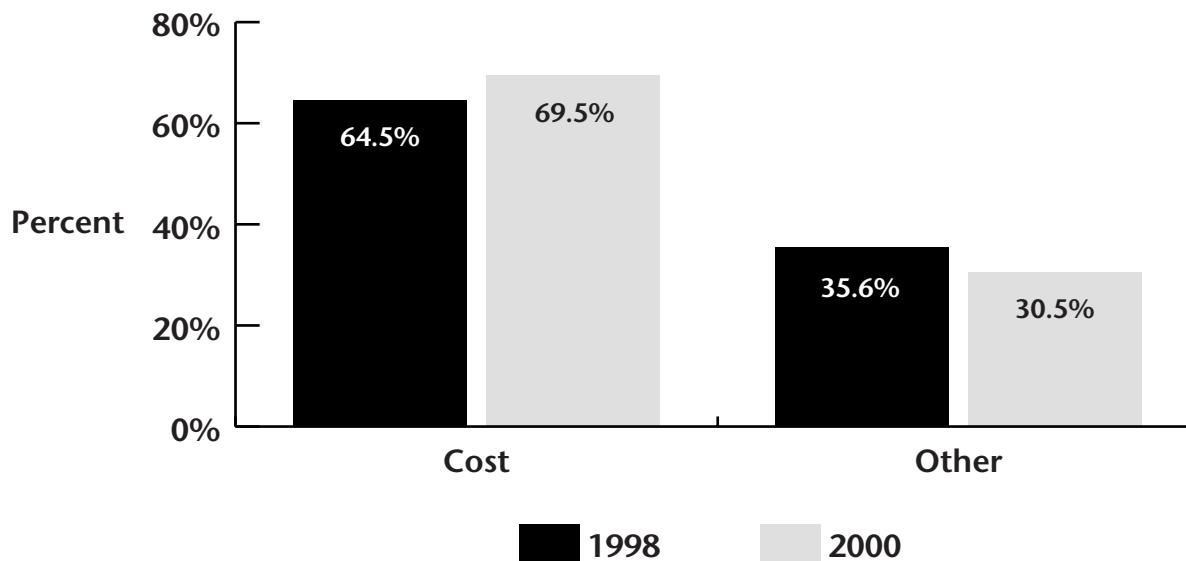
Percent of Working Non-Elderly Uninsured Adults Eligible for Insurance through Employment by Firm Size^a



^aFirm size is categorized into small (less than 50 employees) or large firms (50 or more employees).

Figure 15 Source: Division of Health Care Finance and Policy Year 1998 (Random Digit Dialing Sample) and Year 2000 Health Insurance Survey Results

Reasons for Currently Being Uninsured^a



^aReasons reported by uninsured working adults eligible for health insurance through place of employment.

Figure 16 Source: Division of Health Care Finance and Policy Year 2000 Health Insurance Survey Results

pared to 61% in 1998, are willing to pay less than \$100 per month for coverage and another 43% would pay \$100 or more per month for coverage (See Figure 19, page 18.). Now, while the majority are only willing to pay less than \$100, a greater proportion are willing to pay over \$100 than in 1998.

When looking at those willing to pay for care by household income, only 24% of the low-income uninsured are willing to pay \$100 or more per month for coverage. (See Figure 20, page 19.) In contrast, 50% of high-income uninsured individuals are willing to pay \$100 or more per month for coverage.

Utilization of Services

There remain distinct differences in the utilization of health care services among uninsured and insured adults. Uninsured adults are less likely to visit a physician

than are the insured. (See Figure 21, page 20.) Over 50% of the uninsured, compared to only 15% of the insured, did not make an office visit to the doctor in the last year. Almost 60% of insured adults made between one and four office visits in the last year, compared to only 33% of uninsured adults. Conversely, while the majority of both uninsured and insured adults did not visit emergency rooms in the last year, uninsured adults are more likely to visit emergency rooms than are insured adults. (See Figure 22, page 20.)

Like uninsured adults, uninsured children are less likely to visit a doctor than are insured children (34% versus 12%, respectively). (See Figure 23, page 21.) Over 60% of insured children, compared to 38% of uninsured children, made between one and four visits to the doctor in the last year. While most uninsured children (71%) did

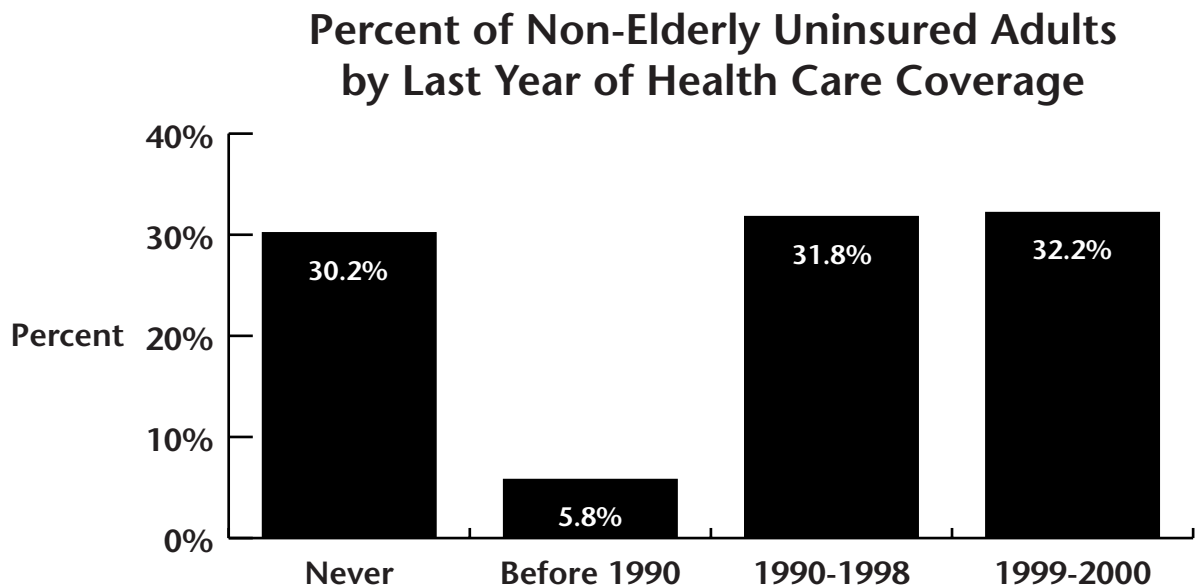
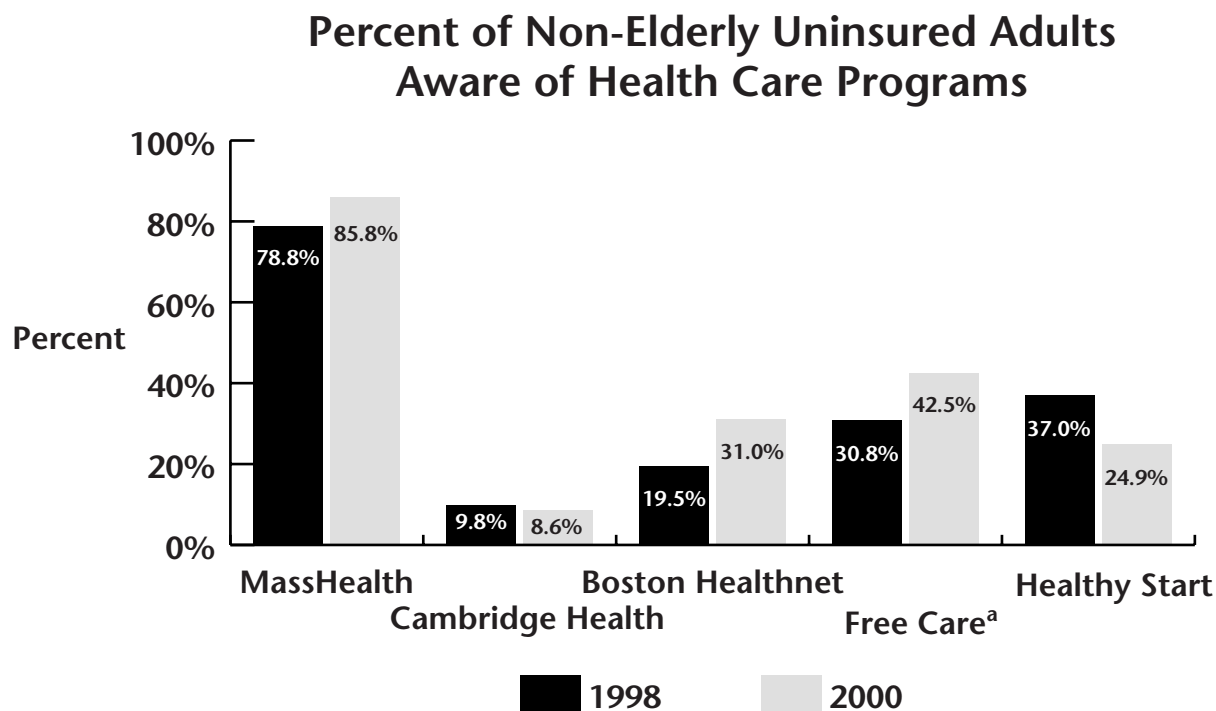


Figure 17 Source: Division of Health Care Finance and Policy Year 2000 Health Insurance Survey Results



^aFree Care is also referred to as the Uncompensated Care Pool.

Figure 18 Source: Division of Health Care Finance and Policy Year 2000 Health Insurance Survey Results

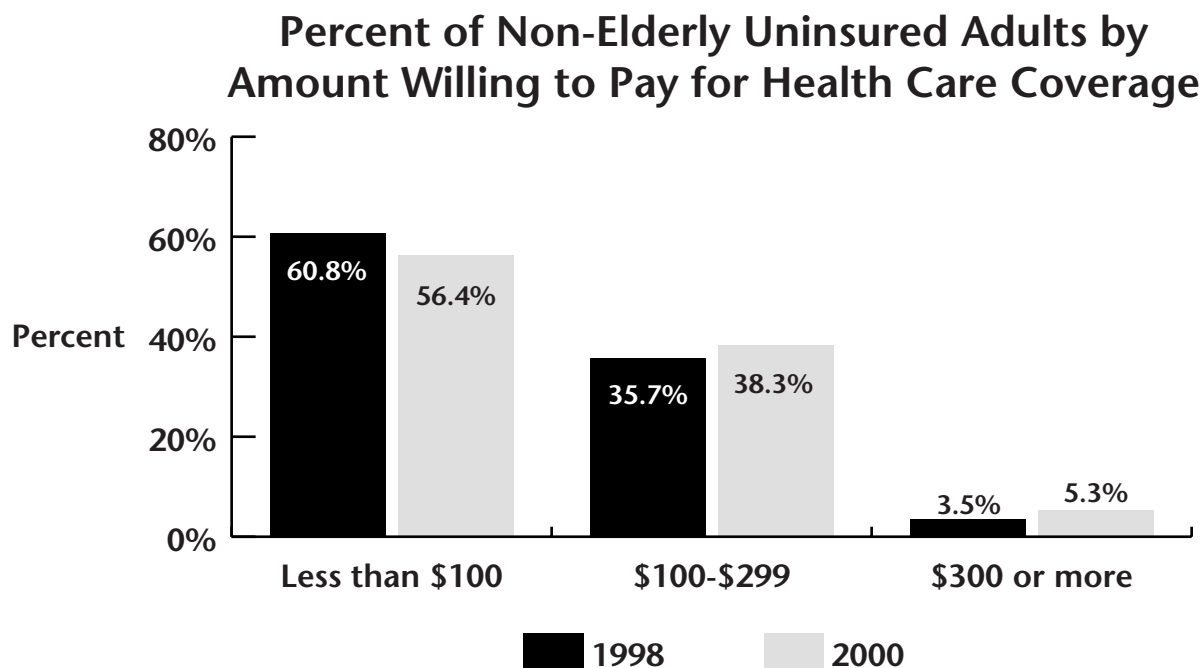
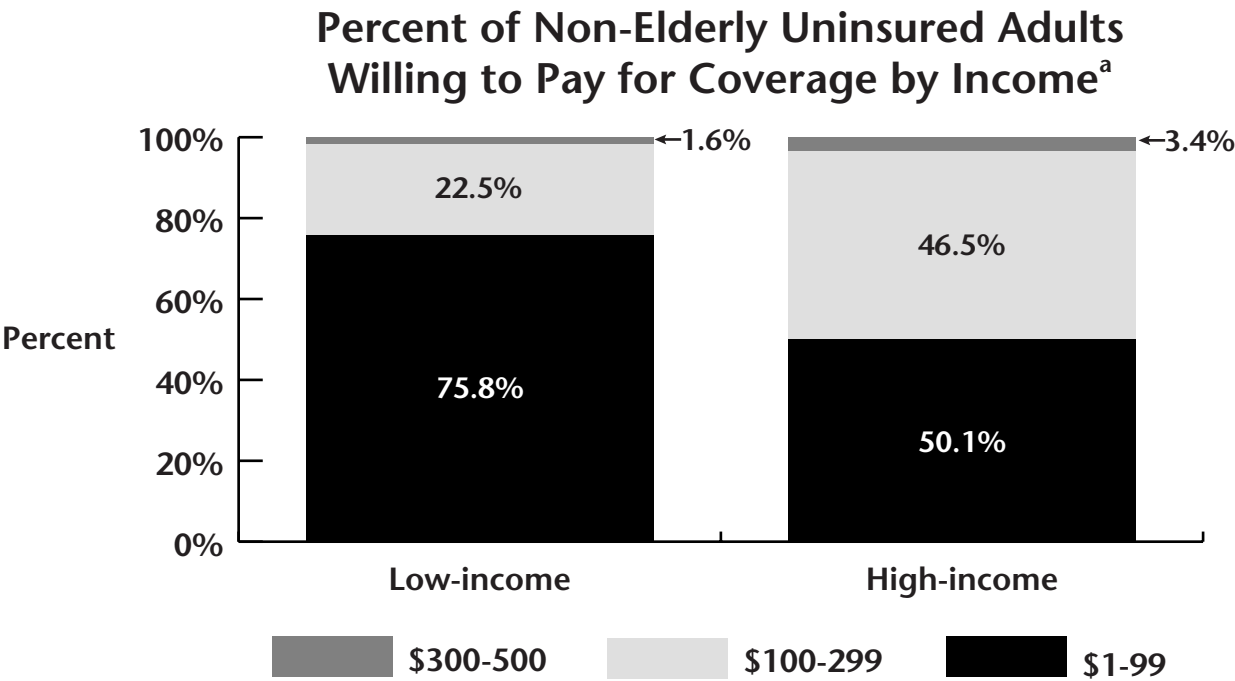


Figure 19 Source: Division of Health Care Finance and Policy Year 1998 (Random Digit Dialing Sample) and Year 2000 Health Insurance Survey Results

not visit emergency rooms in the last year, the percent of uninsured children (29%) that made one or more visits to the ER in

the last year were similar to that of insured children (27%). (See Figure 24, page 21.)



^a Income levels are categorized as low-income, with individuals residing in households with income below 200% of the federal poverty level, and high-income, with individuals residing in households with income above 200% of the federal poverty level.

Figure 20 Source: Division of Health Care Finance and Policy Year 2000 Health Insurance Survey Results

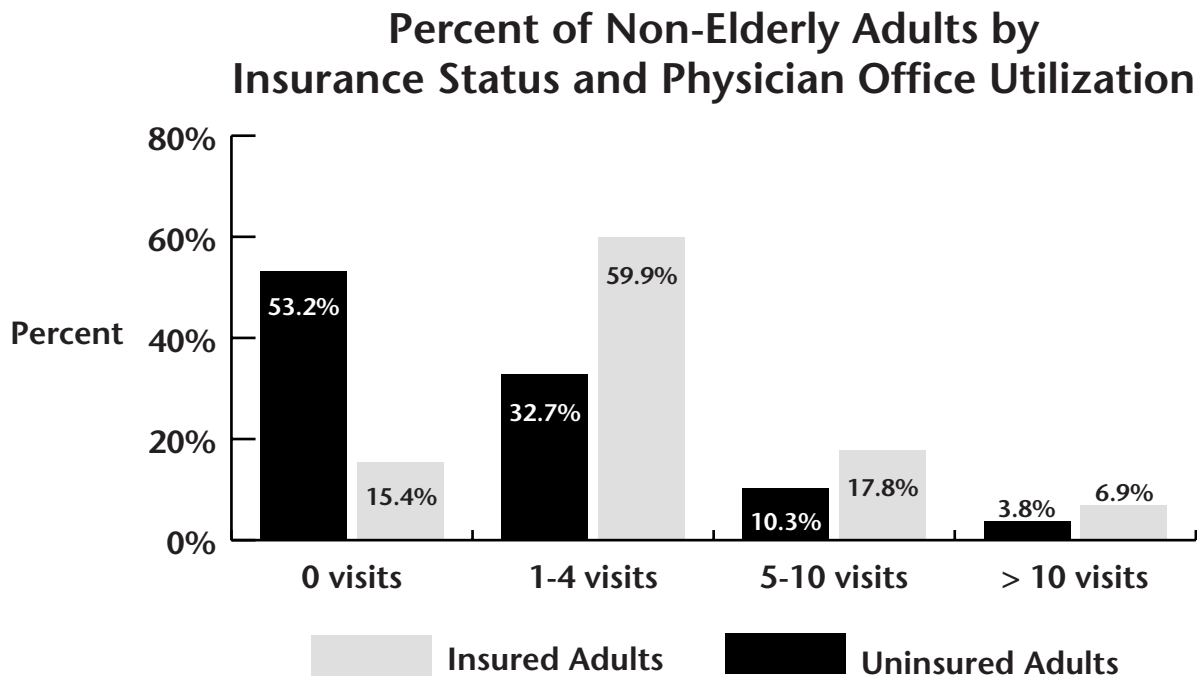


Figure 21 Source: Division of Health Care Finance and Policy Year 2000 Health Insurance Survey Results

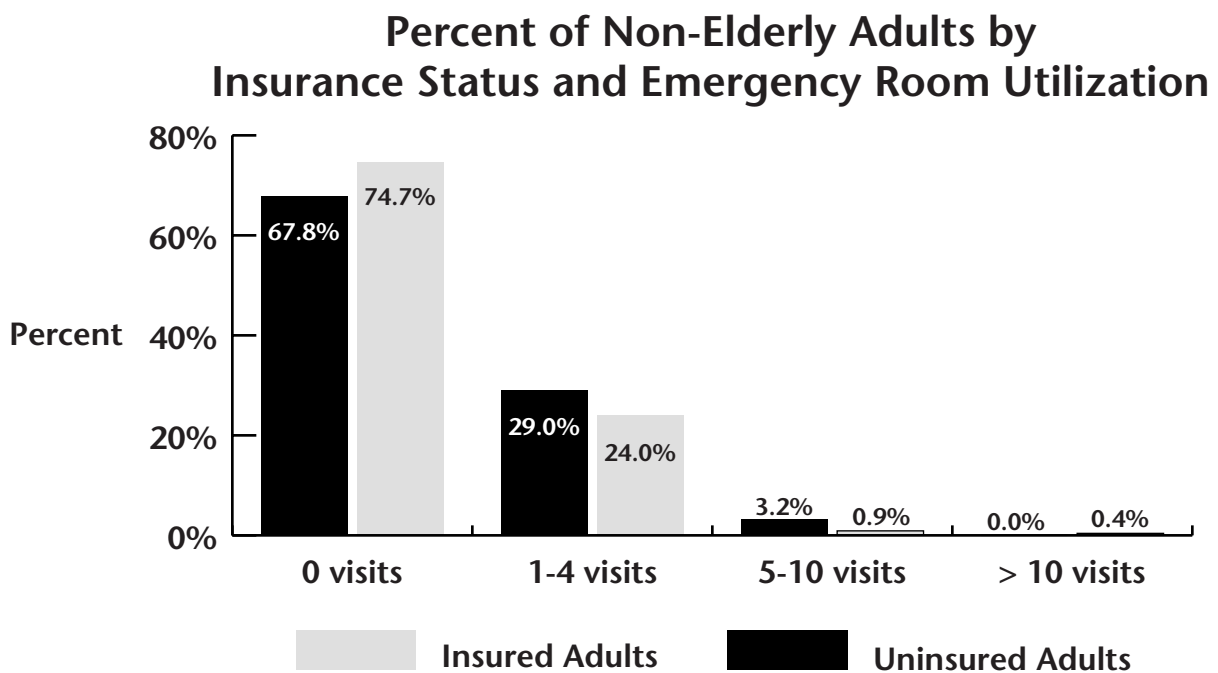


Figure 22 Source: Division of Health Care Finance and Policy Year 2000 Health Insurance Survey Results

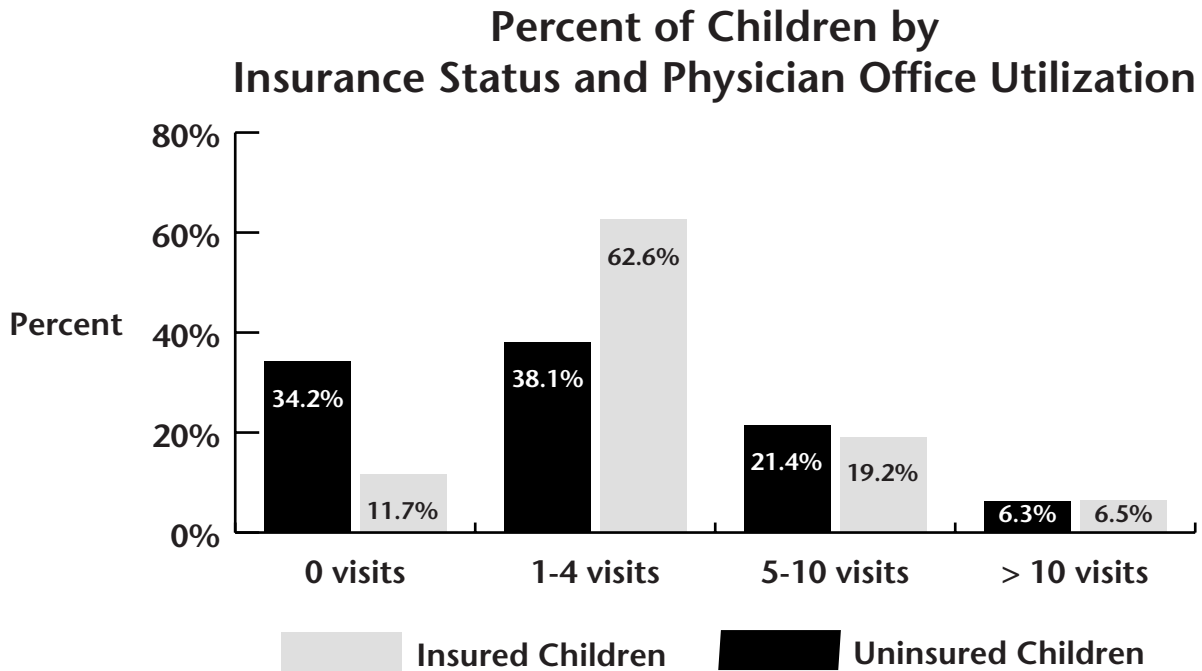


Figure 23 Source: Division of Health Care Finance and Policy Year 2000 Health Insurance Survey Results

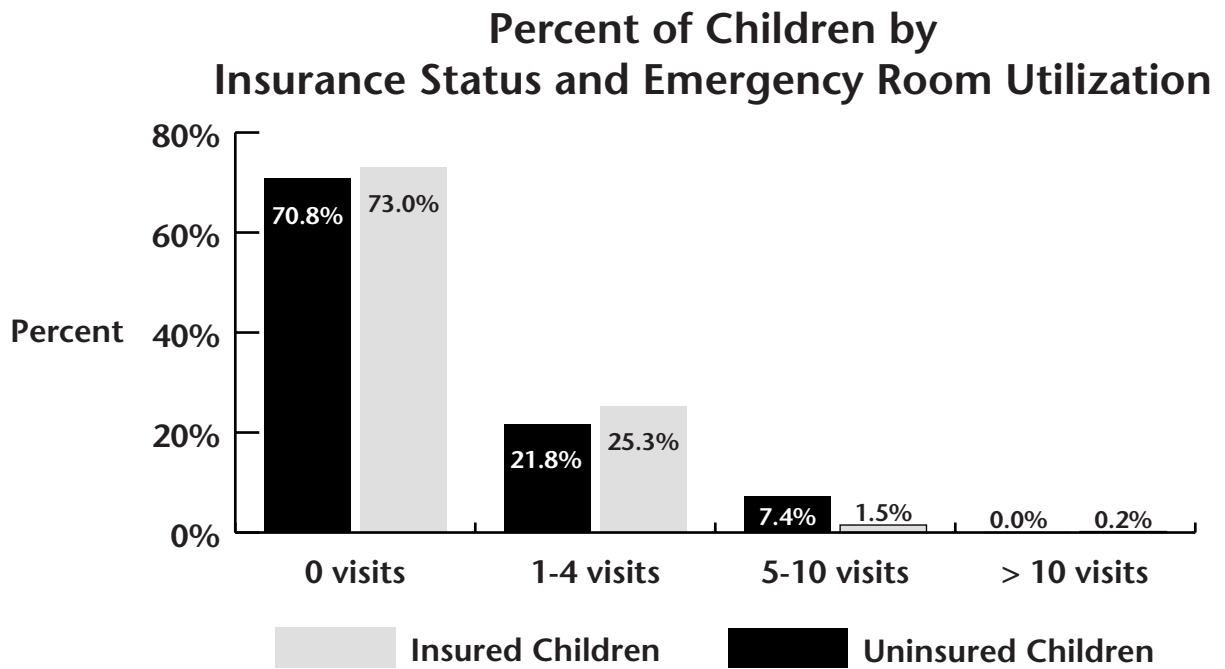


Figure 24 Source: Division of Health Care Finance and Policy Year 2000 Health Insurance Survey Results

Endnotes

1. For the purposes of this report, percentages are based on the non-elderly population, ages 0-64, unless otherwise specified.
2. Employers providing health insurance coverage includes coverage provided by the military (i.e., Champus or Veterans Administration), a group purchaser (i.e, labor union, professional association), and past employers.
3. Low-income households refer to households with income below 200% of the federal poverty level.
4. Near-poor households refer to households with income between 133% and 150% of the federal poverty level.
5. Poor households refer to households with income below 133% of the federal poverty level.
6. High-income households refer to households with income above 200% of the federal poverty level.
7. Small firms are defined as businesses having 49 or less employees and large firms are defined as businesses having 50 or more employees.

Discussion

The results of the 2000 DHCFP Health Insurance Survey reflect a significant decrease in the total number of uninsured residents in Massachusetts, declining from 8.2% in 1998 to 5.9% in 2000. The uninsured rate decreased among both the adult and child populations.

The strong economy, sharp declines in state unemployment, and successful expansion efforts of the Commonwealth's Medicaid program, MassHealth, are all reflected in the 2000 findings. Among the insured population, employer-sponsored health care coverage remains the primary source of insurance and a larger percent of the insured are receiving coverage through Medicaid. In fact, between June 30, 1997 and October 31, 2000, MassHealth enrollment has increased from 557,372 to 796,404, providing health care coverage to 239,032 more residents since health care reform measures were enacted. Indicative of the strong economy, over 70% of the working age uninsured are employed and almost 83% are willing to pay for health care coverage with a greater proportion willing to pay over \$100 per month for coverage than in 1998.

Despite these strides, the likelihood of being uninsured among specific groups remains relatively unchanged from 1998. Individuals with low income, people of

color, unemployed persons, and never married individuals remain at a higher risk of being uninsured. A greater proportion of non-elderly adults than children and more males than females are also uninsured.

Furthermore, only 25% of all working uninsured report being eligible for coverage through their employer and the percent of self-employed uninsured has more than doubled. Additionally, the percent of working uninsured working for small firms has increased to more than 75% and the working uninsured are still more likely to work part-time than are insured individuals, all of which partially explain the high ineligibility rate for health care coverage through work.

Similar to 1998, there continue to be distinct differences in the utilization of health services by non-elderly uninsured and insured populations, especially among adults. Both uninsured adults and children are less likely to visit a physician for health care treatment than their insured counterparts, and uninsured adults are more likely to visit the emergency room than are insured adults.

The results from the 2000 Health Insurance survey documents the impact of state sponsored expansion efforts coupled with a strong economy. As forecasted in the 1998 study's findings, MassHealth and other state sponsored programs have contributed to securing health insurance coverage for more Massachusetts residents. Key policymakers in the state continue discussing options for providing access to insurance and health care for all residents of the Commonwealth. The data provided from the Division of Health Care Finance and Policy will continue to help guide these discussions.

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